

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2010
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 4/23/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 14 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, six category I and eight category II residents. The census at the time of the survey was zero. No resident files were reviewed and one employee file was reviewed.</p> <p>The facility received a grade of A.</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record review on 4/23/10, the facility</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 failed to ensure 1 of 1 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #5). This was a repeat deficiency from the 1/27/10 State Licensure survey. Severity: 2 Scope: 3	Y 103			
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation on 4/23/10, the facility was not well maintained. Findings include: - Dead cock roaches on the bedroom floors. - Bathrooms had soap scum built up on the shower walls and floors. Tubs and toilets were dirty and unsanitary. - There was a sign posted on the wall requesting that toilet paper not be flushed in the toilets and instead to be placed in the waste basket. - One shower head was not working properly. - One bathroom sink near the kitchen had the hot and cold faucets reversed. - The furniture in the home had excessive wear. It was worn out and dirty. Bedroom mattresses had severe wear and tear and sag in the middle.	Y 178			

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Y 178	<p>Continued From page 2</p> <ul style="list-style-type: none"> - The laundry room had piled up lint and dirt behind both the washer and dryer. - The back driveway had piled up broken tables and chairs and a wrecked car sitting outside. - One bedroom had a resident's belongings stuffed in green trash bags piled up on the floor. <p>This was a repeat deficiency from the 1/27/10 state licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 178			

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